

SERIAL NUMBER 09/232,289	FILING DATE 01/15/99	CLASS 380	GROUP ART UNIT 2766	ATTORNEY DOCKET 34650-250USP
-----------------------------	-------------------------	--------------	------------------------	---------------------------------

APPLICANT

PER BJORND AHL, LIDINGO, SWEDEN.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 09/022,289 02/11/98

YES N

371 (NAT'L STAGE) DATA***

VERIFIED

NIA N

FOREIGN APPLICATIONS***

VERIFIED

NIA N

BEST AVAILABLE COPY

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS
Verified and Acknowledged	Examiner's Initials _____ Initials _____	SEX	3	35

ADDRESS

RAYMOND VAN DYKE
JENKENS & GILCHRIST
3200 FOUNTAIN PLACE
1445 ROSS AVENUE
DALLAS TX 75202-2799

TITLE

SYSTEM, METHOD AND APPARATUS FOR SECURE TRANSMISSIONS OF CONFIDENTIAL INFORMATION

FILING FEE
RECEIVED

030

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Preparation)
- ☐ 1.18 Fees (Inventor's Statement)
- ☐ Other _____
- ☐ Credit



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1988

SERIAL NUMBER 09/232,289	FILING DATE 01/15/1999 RULE	CLASS 455	GROUP ART UNIT 2685	ATTORNEY DOCKET NO. 34650-250USP1
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS

PER BJORNDahl, LIDINGO, SWEDEN;

**** CONTINUING DATA *******

This application is a CIP of 09/022,289 02/11/1998 PAT 6,396,612

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 02/01/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 3	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ Examiner's Signature Initials				

ADDRESS

23932

TITLE

SYSTEM, METHOD AND APPARATUS FOR SECURE TRANSMISSION OF CONFIDENTIAL INFORMATION

FILING FEE RECEIVED 1066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit